Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN		
T _T (OTAL CLAIMS		(Column	11)	(Colu	ımn 2)	, '	TYPE		OR			
<u> </u>		,	21		<u> </u>			RATE	FEE] ·	RATE	FEE	
-	OR		NUMBER	NUMBER FILED		NUMBER EXTRA		BASIC FEE	385.00	OR	BASIC FEE	770.00	
TC	OTAL CHARGE	ABLE CLAIMS		minus 20=		*		X\$ 9=	9	OR	X\$18=		
<u> </u>	DEPENDENT C		<u> </u>					X43=		OR	X86=		
ML	JLTIPLE DEPER	NDENT CLAIM PI	RESENT					+145=		OR	+290=		
* If	the difference	e in column 1 is	less than ze	∍ro, enter	"0" in c	olumn 2	L	TOTAL	394	OR	TOTAL	··	
	C	CLAIMS AS A	AMENDED) - PAR	TII						OTHER		
		(Column 1)		(Colum		(Column 3)		SMALL	ENTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NDN	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent	* ENTATION OF ML	Minus	***	O: 0184	=		X43=		OR	X86=		
لسا	FINOT FILLS	MIATION OF WIL	JETIPLE DEF	ENDEN	CLAnvi			+145=		OR	+290=		
						•	L	TOTAL		- L	TOTAL		
		(Column 1)		(Colum	· 0\	(O=1:=== 2)	A	DDIT. FEE			ADDIT. FEE	 .	
		CLAIMS		(Colum HIGHE	EST	(Column 3)			ADDI-	1 [1001	
ENT B		REMAINING AFTER AMENDMENT		NUMB PREVIOI PAID F	USLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent	*	Minus	***		=		X43=		OR	X86=		
	FIRST PRESE			+145=		OR	+290=						
19,17							L	TOTAL		L	TOTAL	-	
								DDIT. FEE		OR A	DDIT. FEE		
	<u> </u>	(Column 1)		(Columi		(Column 3)		· .					
ENT C		REMAINING AFTER AMENDMENT		NUMBE PREVIOU PAID FO	ER USLY	PRESENT EXTRA			ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	*	Minus	**		= .		X\$ 9=		OR	X\$18=		
AME	Independent		Minus	***		=	H	X43=	·		X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+		OR			
* If th ntry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+290=		
** If	f the "High st Nun	mber Previously Paid	id For" IN THIS	SPACE is I	less than	20. enter "20."	AD	TOTAL DIT. FEE		OR A	TOTAL DDIT. FEE		
T	he "Highest Num"	mber Previously Pain ober Previously Paid	A For IN THIS For" (Total or I	SPACE IS I	less than tt) is the f	3, enter "3." nighest number f			priate box		•		